

# PLYMOUTH VOLUNTEER AMBULANCE CORPS

*Established 1968*

## Application for Volunteer Service

Name: _____			Home Phone: ( ) _____
Last	First	Middle	Work Phone: ( ) _____
Address: _____			EMAIL: _____
Street	City/Town	Postal Zip Code	

Are you under the age of 18?  Yes  No If yes, DOB is: \_\_\_\_\_

What reasons, if any, could prevent you from performing the duties of an EMS provider?  
(inability to lift, etc):

\_\_\_\_\_

\_\_\_\_\_

Have you ever been a volunteer with the PVAC before?  Yes  No

If yes, please explain when and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign a position?  Yes  No

If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current certification level:  MRT  EMT-B  EMT-I  EMT-P D.O.E: \_\_\_\_\_

CPR for HCP Certification:  Yes  No D.O.E: \_\_\_\_\_

First Aid Certification:  Yes  No D.O.E: \_\_\_\_\_

Do you have any EMS experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plymouth Volunteer Ambulance Corps  
Application (cont.)**

**Employment History**

1) Name of current/past employer: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Beginning and ending dates of employment: \_\_\_\_\_

2) Name of current/past employer: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Beginning and ending dates of employment: \_\_\_\_\_

3) Name of current/past employer: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Beginning and ending dates of employment: \_\_\_\_\_

In signing this application, I attest that all of the above information and answers are correct without omission. I understand that if I am accepted as a member of the Town of Plymouth Volunteer Ambulance Corps any omitted or false information provided on this and any other document for the PVAC can be cause for immediate dismissal from the Corps. Furthermore I authorize the TPVAC to contact my current and past employers for references as to my abilities and character, and allow for a criminal background check to be performed, including motor vehicle infractions and violations.

Also, I understand that in order for my application to be considered, I must submit a resume and cover letter, copies of my current driver's license, MRT or EMT certificate, and any other related certifications.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

***Do not write below this line***

**\*\*Office Use Only\*\***

Accepted:  Yes  No If no, reason application denied: \_\_\_\_\_  
 Date: \_\_\_\_\_

Separation:  Voluntary  Involuntary If involuntary, explain: \_\_\_\_\_  
 Date: \_\_\_\_\_

Eligible to rejoin:  Yes  No